

**Objective:** This study aim at focusing the different mode and severity of tobacco habits and there awareness status of having oral pre-cancerous lesion.  
**Method:** Cross-sectional study of 256 patients with tobacco habits attending dental outdoor. Standardized Performa stressing on the proper case history regarding mode of tobacco habits, awareness level of oral pre-cancerous lesions with through oral and dental clinical examination were used. Also, Fagerstrom test for nicotine dependence and smokeless tobacco scale were also used to assess the severity of tobacco dependence.

**Result:** Prevalence rate of oral pre-cancerous lesions and the percentage of subject not aware of these lesions will be assessed in this current study. The tobacco dependence severity score and duration of tobacco consumption were also statistically assessed.

**Conclusion:** As most of the oral pre-cancerous lesions are silent, proper case recording with thorough oral examination should be perform routinely in patients with tobacco users during routine dental check-up. There is an urgent need for bringing awareness program by active community participation along with de-addiction centers for screening oral pre-cancerous lesion in tobacco users.

## PP034

### FEASIBILITY OF DISEASE CENTERED SMOKING CESSATION AMONG DIABETES PATIENTS

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**Background:** International diabetes organizations recommend that people with diabetes should not smoke because of increased risk of diabetes complications. India has the second largest diabetic population (61 million) and number of tobacco users (275 million). Kerala State has the highest diabetes prevalence (21%) in India. However limited data are available from India on cessation of smoking among diabetes patients.

**Objective:** The objectives of the study were to document the effectiveness of a strong physician's diabetes specific cessation message, and the added value of cessation counseling delivered by a non-physician health professional on quitting smoking.

**Method:** All patients who attended the two diabetic clinics in South India were screened for smoking over a period of two years. 224 Male Diabetic patients aged 18 years and older (mean age 53 years), who smoked in the last month were selected for the present study. The patients were randomized into two equal groups by computer generated random sequence. Both groups were given diabetes specific smoking cessation advice by a physician and quit tips booklets. The second group received an additional counseling session by a trained non-physician health professional. Point prevalence abstinence for more than seven days (Quit Rates) was compared between the two groups at six months following the intervention. Intention to treat analysis was used to find the difference in Quit Rates between the two groups

**Result:** The findings demonstrated that a brief intervention by doctors is likely to result in a quit rate of about 10-15%. If this brief intervention is further supported by cessation counseling sessions by a trained non-doctor health professional, far more patients were likely to quit. In our case we achieved >50% quit rate at six month follow up. The quit rate was close to nine times higher in the counseling group compared to the doctors' message only group in the intention to treat analysis. In the first group, among those who did not quit at six months, 44% of the moderate baseline smokers changed to low level, 28.5% of high level smokers changed to lower level. Correspondingly, in the second group, 61.5% of moderate smokers changed to a low level and 50% of high level smokers changed to lower levels.

**Conclusion:** All doctors should ask and advise diabetes patients to quit smoking using a diabetes specific quit message and visual display of common complications related to continued smoking. Smoking cessation intervention by more than one health professional has the potential to substantially increase quitting and readiness to quit in this population

## PP036

### REFINING COMPLIANCE SURVEYS TO MEASURE SMOKE-FREE STATUS OF JURISDICTIONS BY USING DELPHI METHOD

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**Background:** India effectively banned smoking in public places through the enactment of its national legislation – Cigarettes and Other Tobacco Products Act (COTPA) in 2003 but this effectively came into force in October 2008. Compliance surveys are an effective tool which measures the level of compliance of implementation of the provisions of the smoke-free rules, as per COTPA. Even after nearly decade of the enactment of tobacco control legislation including the smoke-free law, there exists no standardized tool for measuring its compliance.

In 2011, a standardized research tool was developed by the Johns Hopkins Bloomberg School of Public Health, the International Union against Tuberculosis and Lung Disease, and Campaign for Tobacco-free Kids, and this has been deployed globally to measure compliance to smoke-free status. The tool contained

at least 10 items related to compliance assessment, however, weighting of individual items in terms of its importance to smoke-free status of the location was lacking. This makes it difficult to calculate overall compliance score with respect to a location (e.g. educational institution) or to a jurisdiction.

**Objective:** To use the Delphi method to develop a standardized measure for compliance surveys.

**Method:** Tobacco control experts from India comprising different constituencies and jurisdictions met for a half a day workshop in August 2012 to deliberate on how weights can be assigned to criteria for smoke free. Using Delphi method, relevance and ranking of criteria from an existing protocol for measuring compliance was done. Delphi technique using three rounds of reiterative questionnaires was used in study to obtain consensus.

**Result:** Consensus was arrived on all five compliance survey indicators through three rigorous rounds of discussion. From discussions it was concluded that highest priority be assigned to the absence of the act of smoking in public places (33%), followed by the display of smoke free signage in public places (32%), absence of cigarette and beedi butts/stubs (15%), absence of smoking aids (10%), and absence of tobacco smoke and ash (10%).

**Conclusion:** Tobacco control advocates can inform local policymakers effectively using weights which prioritize directed enforcement and targeted interventions, which can enable stronger compliance and sustainable smoke free settings. This tool needs to be tested and compared for the added time, manpower and resource-effectiveness with other smoke-free compliance surveys.

## PP039

### PROJECT ON IMMUNIZING CHILDREN AGAINST THE MEDIA VIRUS WHICH PROMOTES SMOKING

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**Background:** Children and teens are easy targets for the alcohol and tobacco industry. They're often influenced by television, movies, advertising, and by what their friends do and say. Children do not realize the magnitude of the problem. This project target was to reduce initiation of tobacco and aware children and parent on the harmful effects of tobacco marketing. The project gave a comprehensive background detail on how to immunize the children on media influence which promote smoking.

**Objective:** To immunization children against media virus (influence) which promote smoking.

**Method:** Capacity Building program and intervention were conducted with the children, parents and the core groups from the community on media virus which promote smoking. Public awareness campaigns were launched and distributed IEC materials.

**Result:** 69% of the children who participated for the program were aware on how media influence the minds of children. Children are aware which media channel, particular program and the persons who promote smoking through the media. More than 75% children were able to mention harm caused by smoking and children were getting used to respond the people who smoke. Children had taken discussion with their parent on expenditure for the smoking and they have calculated the exact figure and given to their father's. Children and the community were reacted as pressure groups to create a child friendly media environment. Comprehensive materials kit was developed to address the problem.

**Conclusion:** Could able to create an environment where targeting children through mass media to promote tobacco will no longer be an effective strategy for the companies because the children are able to identify such strategies, monitor the extent and impact of such strategies and are able to respond appropriately.

## PP040

### ACTION TO STOP SMOKING IN SUSPECTED TUBERCULOSIS (ASSIST) IN PAKISTAN

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**Background:** Tuberculosis (TB) and tobacco use are considered to be two 'colliding epidemics', leading to 1.8 and 5.4 million deaths per year respectively. Tobacco smoking increases the risk of TB infection and of developing TB disease. TB patients who smoke deteriorate more rapidly and have higher mortality than their non-smoking counterparts; tobacco smoking is also associated with higher treatment non-completion rates, treatment failure, and relapse. Based on current smoking trends, it is estimated this will lead to an extra 18 million TB cases and 40 million TB deaths between 2010 and 2050. Pakistan has one of the highest TB burdens worldwide; tobacco use is also highly prevalent in Pakistan.

**Objective:** To assess the effectiveness of each a behavioral support intervention and bupropion in achieving six-month continuous abstinence in adult smokers with suspected pulmonary tuberculosis.

**Method:** Design – A cluster randomized, controlled trial. Setting – Health centers in Jhang and Sargodha districts in Pakistan. Patients – 1955 adult smokers with suspected tuberculosis. Intervention – Health centers were randomized to receive two brief behavioral support sessions (BSS), behavioral support sessions plus seven weeks of bupropion therapy (BSS+) or usual care. Measurements – The primary end-point was continuous abstinence at six months after the quit